# REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED		
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Commissioner of Fina	nce & Administration	G
Date:		

A DECLECT CAN NOT F	s below indicates specific information that <u>must</u> be individually detailed or addressed <u>as required.</u> E CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.
RFS# 318.66-0	28
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare
SERVICE CAPTION	Managed Care organization which provides medically necessary health care services to the TennCare/Medicaid Population
CONTRACT#	FA-02-14859-00 PROPOSED AMENDMENT # 14
CONTRACTOR:	Volunteer State Health Plan, Inc.
CONTRACT START DATE	
CURRENT, LATEST ROSS (including ALL options to ex	IBLE END DATE 12/31/2005
CURRENT MAXIMUM LIA	
LATEST POSSIBLE END I (including ALL options to ex	DATE WITH PROPOSED AMENDMENT: 12/31/2006 tend)
TOTAL MAXIMUM COST L (including ALL options to ex	VITH PROPOSED AMENDMENT: \$3,235,252,751.23 tend)
APPROVAL CRITERIA (selectione)	use of Non-Competitive Negotiation is in the best interest of the state
	only one uniquely qualified service provider able to provide the service
	REQUEST DETAILS BELOW (address each item immediately following the requirement text)
	posed additional service and amendment effects :
	contract as well as provide funding for term extension.
(2) explanation of need for	or the proposed amendment :

We believe that it is in the best interests of theState prevent the disruption of services to TennCare enro	to maintain this relationship liees.	to ensure the stability of the TennCare Program	m and
(3) name and address of the proposed contractor (not required if proposed contractor is a state e	or's principal owner(s) : ducation institution)		
Volunteer State Health Plan 801 Pine Street			
Chattanooga, TN 37402-2555		<b>6</b>	<u> </u>
(4) documentation of OIR endorsement of the N (required only if the subject service involves inf	on-Competitive procurem ormation technology)	ent request:	
select one: Documentation Not A	pplicable to this Request	Documentation Attached to this Reques	st
(5) documentation of Department of Personnel (required only if the subject service involves tra	endorsement of the Non-( ining for state employees)	Competitive procurement request:	
select one: Documentation Not A	pplicable to this Request	Documentation Attached to this Reque	st ·
(6) description of procuring agency efforts to its non-competitive negotiation:	entify reasonable, compe	etitive, procurement alternatives rather than t	o use
This contract is not a result of non-competitive negorinterest, demonstrated specific qualifications outline currently 6 different organizations that have MCO C	ed in the Agreements, and v	we been offered to any organization that has expendingly accepted the terms of the Agreements.	pressed There are
(7) justification of why the F&A Commissioner	should approve a Non-Co	mpetitive Amendment ;	
The approval of this amendment by F&A will ensure providers that provider currently has, TennCare is services to enrollees.	e the best interests of Teni confident that the continua	nCare enrollees will be served. Based on the ne tion of this agreement will prevent any disruptio	etwork of in of
	Salatoris de la designación de la Salatoria de	Logical and the fill of the facility for the standard of the s	kathanjar salikani
AGENCY HEAD REQUEST SIGNATURE:  (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an			
authorized signatory will be accepted only in documented exigent circumstances)			
	SIGNATURE DATE:		
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## AMENDMENT NUMBER 14

# AMENDED AND RESTATED CONTRACTOR RISK AGREEMENT BETWEEN THE STATE OF TENNESSEE, d.b.a. TENNCARE AND VOLUNTEER STATE HEALTH PLAN, INC., d.b.a. BLUECARE

CONTRACT NUMBER: FA- 02-14859-0D

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Amended and Restated Contractor Risk Agreement (CRA) by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and Contractor Name, hereinafter referred to as the CONTRACTOR as specified below.

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4-28 shall be deleted and replaced in its entirety so that the amended Section 4-28 shall read as follows:

#### 4-28. Term of the Agreement

This Agreement and its incorporated attachments, if any, as well as all Amendments to this Agreement, contain all of the terms and conditions agreed upon by the parties, and when executed by all parties, supersedes any prior agreements except as stated in Section 1-7. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall be in effect from July 1, 2001, subject to approval by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The term of this Agreement shall expire on December 31, 2005. Notwithstanding any provision herein to the contrary, this Agreement shall automatically renew for calendar year 2006 with an expiration date of December 31, 2006 unless the CONTRACTOR or the State complies with Section 4-2.(f) regarding non-renewal or unless the State approves termination of the Agreement in accordance herewith. Said renewal shall be automatic and shall not require any notice or other action.

Notwithstanding any provision herein to the contrary, the State may terminate this Agreement if the waiver governing TennCare is terminated. The documents referenced in the Agreement are on file with the CONTRACTOR and with TENNCARE and the CONTRACTOR is aware of their content. No other agreement, oral or otherwise regarding the subject matter of this Agreement, shall be deemed to exist or to bind any of the parties hereto.

2. The September 11, 1995 Amended and Restated Contractor Risk Agreement, as amended, shall be amended by deleting and replacing the date "December 31, 2004" with "December 31, 2005" in all references regarding the Stabilization Period ending December 31, 2004. This shall include, but not be limited to Sections 1-3, 3-10.h and Attachment X.D.

## Amendment 14 (cont.)

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective January 1, 2005 or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

STATE OF TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION	VOLUNTEER STATE HEALTH PLAN, INC
BY: M.D. Goetz, Jr. 1. Dr. Commissioner	BY: Ronald E. Harr President and CEO
DATE:	DATE: <u>Dec. 6, 2004</u>
APPROVED BY:	APPROVED BY:
STATE OF TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION	STATE OF TENNESSEE COMPTROLLER OF THE TREASURY
BY:  M. D. Goetz, Jr.  Commissioner	BY:  John G. Morgan  Comptroller
DATE:	DATE:

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12/31/2005     12/31/2006       FY: 02     \$580,335,592.00     \$0.00       FY: 03     \$601,009,808.00     \$0.00       FY: 04     \$625,435,035.23     \$0.00       FY: 05     \$574,414,627.23     \$58,198,788.77       FY: 06     \$236,186,905.61     \$294,385,694.39       FY: 07     \$265,286,300.00	dia di		a taman da garan da g Garan da garan da ga	San San Guaran, est cal	Commissioner of Finan	ce and Administration, do hereby certify that
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FY: 03     \$601,009,808.00     \$0.00       FY: 04     \$625,435,035.23     \$0.00       FY: 05     \$574,414,627.23     \$58,198,788.77       FY: 06     \$236,186,905.61     \$294,385,694.39       FY: 07     \$265,286,300.00	FY: 02	Baar (1925), i i i a (Madei) Matièl (a - 4		60.00	required to be paid that	is not otherwise encumbered to pay
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TO ACCOUNTS

Office of Contracts Review

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		CONTRA	Caraumuraya		
paga Numbanya	318.66-028			Contract Number 2	FA-02-14859-11
State / Gents/	Department of Finance a	nd Administration			Bureau of TennCare
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VOLUNTEER S	STATE HEALTH PL	AN, INC		☐ C <sup>2</sup>	
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2003	\$219,070,544.84	\$ 381,939,263.16			\$ 601,009,808.00
2004	\$218,892,361.10	\$ 404,501,858.13			\$ 623,394,219.23
2005	\$167,856,957.10	\$ 304,516,854.13			\$ 472,373,811.23
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$ 236,186,905.61
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	e sancio (il l'ileta de l'eleo) e	WANTENMENDALENIENO			irundlas et englissi idaden et englishira
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COMPTIGULAR'S OFFICE OF MANAGEMENT SERVICES

		CONTRAC	PTASUMINIARY SH	EET			
RES Number	318.66-028			onuactiNumber.	FA-02-14859-10		
State Agency 7	Department of Finance ar	nd Administration		Division 1	Bureau of TennCare		
		ontractor and the		WHITE WAR CONT	ctidentifications	Number	
VOI LINTEER S	STATE HEALTH PLA	(HSCE) (Contract Construct (1994) Programme Management Construction (1994)		V- C-			
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2005	\$167,856,957.10	\$ 304,516,854.13			\$	472,373,811.23	
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Name	Dean Daniel		•		renitory (per 9 Me) /		
Address	729 Church Street		•				
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		12/31/2005		there is a balance in	the appropriation from	ion, do hereby certify that m which this obligation is	
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COMPINALLEN'S OFFICE OFFICE OFFICE OF HAMAGEMENT SERVICES

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Department of Primance and Administration   V-   C   V-		318.66-028	THE MATTER WAS TO A THE LAND WAS A STORY OF THE PARTY OF	·		FA-02-14859-09		
### Acres Services for the TennCare/Medical Population  ###################################		Department of Finance at	nd Administration		all having	Bureau of TennCare		
### Additional Companies of Part State Health Plan, INC  ###################################				1870-1971 (c. 2013)	25.00			
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Dean Daniel			and the major residence major as the control of the	STOREMENT OF STORES				
Pursuant to T.C.A.; Section 9-6-113, T.M. D. Goetz, Jr.; Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.  FY: 03	TENESTE PROPERTY.	TOTAL TRANSPORT						
Pursuant to T.C.A.; Section 9-6-113, T.M. D. Goetz, Jr.; Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.  FY: 03	<u> </u>				West Sand Same			
Pursuant to T.C.A.; Section 9-6-113, T.M. D. Goetz, Jr.; Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.  FY: 03	Dean Daniel	(1) (1)	1 hwell	17/12/03				
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2005	\$167,856,957.10	\$ 304,516,854.13			\$	236,186,905.61
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Office of Contracts Review

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Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicald Population  12/31/2005  12/31/2005  12/31/2005  13/38.66 411 134 11	IOLUNTEER S	STATE HEALTH PLA	N, INC		□ c-	Control of the Contro	
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Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administation, do hereby there is a balance in the appropriation from which this or required to be paid that is not otherwise encumbered to obligations previously incurred.  FY: 02 \$580,335,592.00 \$0.00  FY: 03 \$601,009,808.00 \$0.00  FY: 03 \$449,989,400.00 \$22,384,411.23  FY: 04 \$449,989,400.00 \$22,384,411.23  FY: 05 \$449,989,400.00 \$11,192,205.61  FY: 06 \$224,994,700.00 \$555,961,028,07		भगाद यात्रेग्ट अंग्रेग्स्यो	DIED SILIED VARIABLES	in the second second			
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2002	\$ 211,390,549	\$ 368,945,043			\$	580,335,592			
2003	\$ 219,070,545	\$ 381,939,263		,	\$	601,009,808			
2004	\$ 165,236,300	\$ 284,753,100			\$	449,989,400			
2005	\$ 165,236,300	\$ 284,753,100			\$	449,989,400			
2006	\$ 82,618,150	\$ 142,376,550			\$	224,994,700			
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- 14	ULW V-K		1111/00		e in Westing you	MANAGEMENT TO THE PROPERTY OF THE PARTY OF			
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			ที่สะสังก็สถิสกัสกับได้เราก็	Pursuant to T.C.A., Se Commissioner of Final	• •	Varren Neel, n, do hereby certify that			
		12/31/2005				which this obligation is			
FY: 02	A STATE OF THE PARTY OF THE PAR	\$580,335,592		required to be paid that	at is not otherwise en				
FY: 03	. <u></u>	\$498,968,992	\$102,040,816	obligations previously	incurred.				
FY: 04	· ·	\$449,989,400		·	<u> </u>				
FY: 05		\$449,989,400							
FY: 06		\$224,994,700		1					
	The state of the s	\$2,204,278,084	\$102,040,816						

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		A MEDITE	YOT SYMMARYS					
RESVUMBER	318.66-028	ter de personal de la company de la comp	Control Number : FA-02-14859-05					
Sata Adairea	Department of Finance a	and Administration		Bureau of TennCare				
		onleiding strike				Note the second of the second		
VOLUNTEER	STATE HEALTH PL	AN, INC	,	☐ V-				
			Single Dissertion L					
	e Organization Service	es/Medically necessa	rv Health Care Service	ces to the TennCa	re/Medicaid Pop	ulation		
e company or the contract of the contract of	The second secon				de la			
7/4/2001				12/31/2005				
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318.66	411	134	•	SIARS		i Amerio (hebbilo)		
			s. (file)relativit intervall <sup>a</sup> ti Siles (silentario)	internation				
2002	\$ 211,390,549	\$ 368,945,043	and the special of the control of th		\$	580,335,592		
2003	\$ 182,696,055	\$ 316,272,937			\$	498,968,992		
2004	\$ 165,236,300	\$ 284,753,100		<u></u>	\$	449,989,400		
2005	\$ 165,236,300	\$ 284,753,100			\$	449,989,400		
2006	\$ 82,618,150	\$ 142,376,550			\$	224,994,700		
	\$ 807,177,354	\$ 1,397,100,730		The state of the s	\$	2,204,278,084		
	93.778							
		ascal Connectors		Emie Contractional	subrecidie de XGC	ADTENDED AND THE		
Name	Dean Daniel	and the second s						
Military, 19	729 Church Street		•	CONTRACTOR DESCRIPTION OF THE PERSON OF THE	Antigonal Control			
Photological	Nashville, TN (615)532-13 <u>62</u>	,		e merber soit	jedno strieni Ziu			
	Programma No Engy Site			Francia i reciti				
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	ers noon huishersels	alekairamining its k		<ul> <li>E. S. Committee (1987) 188 (198</li></ul>		The state of the s		
					Section 9-6-113, I, C. ance and Administration	on, do hereby certify that		
		12/31/2005		there is a balance in	the appropriation from	n which this obligation is		
FY: 02		\$580,335,592			nat is not otherwise er	ncumbered to pay		
FY: 03		\$449,989,400	\$48,979,592	obligations previousl	у іпситеа.	•		
FY: 04		\$449,989,400						
FY: 05	<u> </u>	\$449,989,400		1				
FY: 06		\$224,994,700		1				
		\$2,155,298,492	\$48,979,592	<u>'</u>				



MANAGEMENT SERVICES

		Construction of the second sec	ACTEST MANAGY	Hafeil					
rs frinker	318.66-028		Central Comban	ra-a Novilla   FA-02-14859-04					
nick file of	Department of Finance a	and Administration		Bureau of TennCare					
					aedeal intellorik	imber			
OLUNTEER S	TATE HEALTH PL	AN, INC		□, C-					
		- À 4 - II - II	Seale de seption						
Managed Care .		es/Medically necessa	ary Health Care Servi	ces to the TennCa		lation			
7/1/01		Geegrapale v		12/31/05	eniner en er				
	Estisos to energia de								
318.66	411	134.	11	STARS					
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2005	\$ 165,236,300	\$ 284,753,100			\$ .	449,989,400			
2006	\$ 82,618,150 \$ 789,717,599	\$ 142,376,550 \$ 1,365,580,893	<u> </u>		\$	224,994,700			
	93.778	ψ 1,500,500,600				2,155,298,492			
		isval Contractor							
	Dean Daniel [ 729 Church Street								
	Nashville, TN (615)532-1362	illusianoisia manassa obarronza manka kirilikakos		THE RESERVE OF THE PARTY OF THE					
	during Asenty Eng	geronicer/Approvals							
Dean Daniel	1)0an	4 anel	1/1/02						
		AGE AMENDMENTS TO		Contract of the contract of th					
				Pursuant to T.C.A., S	ection 9-6-113, I, C. W				
				there is a balance in	the appropriation from nat is not otherwise end	which this obligation is			
FY: 02 FY: 03	· · · · · · · · · · · · · · · · · · ·			obligations previously					
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FY: 05 FY: 06				1		•			
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a Magnove	318.66-028		3772200	<b>901-2016-00-2</b> FA-02-14859-03					
	Department of Finance	and Administration .							
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		6		□ C-	Personal Control of the Control of t				
naged Care	Organization Service	ces/Medically necess	any Health Core C						
		acosamilan necess	ary riealin Care Serv	ices to the TennCa	re/Medicaid Popu	ulation			
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				12/31/05	•	•			
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310.00	411	134	. 11	☐ STARS					
	e safe fine s					Augunganan ing Kalangangan Pa			
2002	\$ 211,390,549	\$ 368,945,043		A CHRONIANC NO.					
2003	\$ 165,236,300	\$ 284,753,100		· · · · · · · · · · · · · · · · · · ·	\$ .	580,335,592			
2004	\$ 165,236,300	\$ 284,753,100		<u> </u>	\$	449,989,400			
2005	\$ 165,236,300	\$ 284,753,100	- <del></del>	<del> </del>	\$	449,989,400			
2006	\$ 82,618,150	\$ 142,376,550	<del></del>	<u> </u>	\$	449,989,400			
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	Dean Daniel								
	729 Church Street								
	Nashville, TN	• •	•						
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	Listero (steale) estim	ienomo en aprovais							
n Daniel	1 00 /		) / /						
ii Dantet	wear.	Layer	7/1/02						
Trans.		TOXING THE ST							
				Pursuant to T.C.A., Sec	ction 9-6-113 L C: W	arron Neol			
				Commissioner of Finan	ICE and Administration	do beroby podifications			
)2		12/31/05		mere is a dalance in the	e appropriation from v	Which this phlipation in 1			
13	<del>,</del>	\$580,335,592	\$0	li ediniteo to be baid that	l IS NOt Otherwise enc	umbered to pay			
14		\$512,988,652	Ψ02,000,202	obligations previously in	ncurred.				
15		\$512,988,652	-\$62,999,252						
6		\$512,988,652	-\$62,999,252		<del></del>				
		\$256,494,327	-\$31,499,627		. •				
	A Section of the least of the l	\$2,375,795,875	-\$220,497,383	,					
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i		C €	TNC	RACT	S U	M M A	RY	' S H	EE	T .		
Contra	act Number					State Ag				<del></del>	e and Administration	
	RFS # 318.66-028		· .		Division		Bureau of TennCare					
<u> </u>		Cont	ractor	····	<del></del>		<u>_</u>	Vor	dor ID	Number	·	
Volunt	eer State He	aith Plan, Inc.			· · · · · · · · · · · · · · · · · · ·	V-	<del>-                                      </del>	. VC:	םן וסטו	Rampei		
	· ·					<u> </u>	_,   _					
Manage	ad Casa O	-1	- / 1 / //		Service	Description	· · · · · · · · · · · · · · · · · · ·					
Mariage	eu Care Orga	nizátion Servid Contract E	Regio Date	ally necessary	Health Ca	are Services 1	to the T					
07/04/0		Commact	begin Date	<u> </u>		· · · · · ·		Con	tract E	nd Date		
07/01/0	ent Code	C==4.C==4			· · · · · · · · · · · · · · · · · · ·	12/31/200						
		Cost Cente	r C	bject Code	F	und	· G	rant	G	rant Code	Subgrant Code	
	8.66	109		134	J	11	01	on STARS				
FY 2002		Funds		al Funds		partmental unds	C	Other Funding			ntract Amount LLL amendments)	
2002		,390,549.00 ,330,303.00		,945,043.00		···	<u> </u>				\$580,335,592.00	
2003				,658,349.00	<del></del>	<del></del>		•			\$512,988,652.00	
2005	<del></del>	330,303.00		,658,349.00							\$512,988,652.00	
2005	· · · · · · · · · · · · · · · · · · ·	165,152.00		,658,349.00	<u> </u>	<del></del>					\$512,988,652.00	
2000	φ <del>9</del> 3,	100,102.00	.\$103	,329,175.00							\$256,494,327.00	
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		:	·		· ·	<del></del>	<del>                                     </del>				<del></del>	
			· · · · · ·				<del> </del> -	<del></del>		·		
					<del> </del>		+			<del></del>		
Total	\$863,	546,610.00	\$1.512.	249,265.00	····		<del>                                     </del>	<u>'</u>	·	<u> </u>	2,375,795,875.00	
						-	-		<u> </u>	Ψ	2,070,730,073.00	
<u> </u>	Fiscal Yea	r Funding Is S	trictly Lin	nited		CFDA Nun	nber	93.778				
. 🔲	Contractor	r is on STARS						State	Fiscal	Contact		
·		rm W-9 On Fi	le With Ad	counts		Name Dean Daniel						
,— —	OR Form W-9	Attached					Address					
	1 01111 14-5	Allaciieu				Phone 729 Church Street, Nashville TN 37247-6501						
		·	<u> </u>				(615)	532-1362				
	Service Pro	ovider Registe	red with	F&A		Proc	uring A	gency Bud	get Off	ficer Approval	Signature	
		is a SUBREC by OMB Circ		3)		Des		Dean Dani	۰ ۲۰۰۷ ei	4	130/02	
	COMPLE	TE FOR <u>ALL</u> A	MENDMEN	ITS (only)		•		Fundin	o Certi	fication	/	
		Base Cont	ract &	This Amend		Pursuant to	T.C.A.		-		, Commissioner of	
Contract	End Date	Prior Amena 12/31/0		ONLY		Finance and appropriation	Adminis from w	tration, do h hich this ob	ereby c ligation	ertify that there in the second in the secon	is a balance in the l	
20	002	\$550 027	420.00	#00 400	10100	otherwise en	cumbere	ed to pay obl	igations	previously incu	irred.	
<del></del>	003	\$559,927		\$20,408	3,164.00	•						
	03	\$512,988 \$512,988			<u></u> f						}	
	05		\$512,988,652.00 \$512,988,652.00				· · · · · ·			······································		
20		\$256,494										
			,5200				<del></del>	-				
		1		· <del>-</del> ,				<u> </u>		<del> </del>		
	Total	\$2,355,387	7,711.00	\$20,408,	.164.00		·			t	J	
	<u>-</u> -			,,							•	

		_ C O	NTR	ACT	s u	M M A	R	ł Y	<u> </u>	<u> </u>	<u> </u>		<u> </u>
Contract Number FA-02-14859-01						State Agency Tennessee Department of Finance and Administration						ninistration	
		RFS # 318.	66-028			Division Bureau of TennCare							
		Contr	actor	·					Vend	for ID I	Number		
												-	
Volunteer State Health Plan, Inc.							- i				e		
-							<del>-</del> '						
Service De						escription			· · · · · · · · · · · · · · · · · · ·			<u> </u>	
Managed Care Organization Services / Medically necessary Health Care							to t	he Tenn	Care / M	edicaio	Population		
		Contract E		<u> </u>				<u> </u>	Cont	ract E	nd Date		
07/01/01			•			12/31/200	05		·	<u> </u>			
Allotme	nt Code	Cost Cente	r Obj	ect Code	Fu	ind		Gran	ıt	Gr	ant Code	Subg	rant Code
318		109		134	1	1		on S	TARS				 
- FY	State	Funds	Federal	Funds		oartmental unds		Othe	r Fundi	ng	Total C (including		endments)
2002	\$203	,977,794.00	\$355,9	49,634.00					<u>.</u>			<del>,</del>	27,428.00
2003		,330,303.00	\$326,6	58,349.00									988,652.00
2004		,330,303.00	\$326,6	58,349.00									988,652.00
2005	1	,330,303.00	\$326,6	58,349.00					·				988,652.00
2006		165,152.00	\$163,3	29,175.00								\$256,4	194,327.00
2000			-						LEASED TO				
						ACTION		י בועיט	ארופועינו פֿTM				
							<del>R 1 1</del>	2002		<u> </u>			
							IAIT	<u> </u>	2002				
							<u> </u>	<del>DFF</del> TC	e of			ee eeric	7744 00
Total	\$856	,133,855.00	\$1,499,2	53,856.00 j		<del> co</del>	1	<del>R/.CTS</del>	REVIE	₩	<del></del>	52,300,3	387,711.00
	Fiscal Ye	ar Funding Is	Strictly Lim	ited		CFDA Number 93.778							
		or is on STAR				State Fiscal Contact							
		orm W-9 On F	ila Mith Aar	countr		Name Dean Daniel							
	OR	om w-s on r	He Mini Act	COULTS		Address		729 Church Street, Nashville TN 37247-6501					 }
		Attached	ttached			Phone		729 Cn	uren sa	ser, Me	211AIIIG 114 71	247-000	
		·						(615) 532-1362					
	Service P	rovider Regis	tered with F	&A	. •	Procuring Agency Budget Officer Approval Signature					iture		
		or is a SUBRE ed by OMB Cir		)		Wear Daniel 3/4/02							
	· COMPLI	ETE FOR ALL	AMENDMEN	TS (only)					Fundi	ng Cer	tification		·
		Base Co Prior Ame	ntract &	This Amer		Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of					dance in the		
Contract End Date 12/31/05		1/05				appropriation from which this obligation is required to be paid the otherwise encumbered to pay obligations previously incurred.					that is not		
2	002	\$512,9	88,652.00	\$46,9	38,776.00							_ :=	
	003	\$5.12,9	88,652.00										
		88,652.00									<u> </u>		
2005		\$512,9	88,652.00								<u>::::</u> ;	i ii	
	006 .	\$256,4	94,327.00									<u> </u>	
											—;r	<u> </u>	
			·							•	,	: <u></u>	
	Total	\$2,308.	448,935.00	\$46.9	38,776.00		<u> </u>		- # \	<u> </u>		= =	.5
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